STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobb	yist(s) Im Bal	uy/Mu	Ke De	nnehr		
II. Name of lobbyist's partnership, firm or corporation, if any:						
	Olynnehry & Boule (Name of partnershiff, firm or corporation)	eg, LL	<u></u>			
Business Address:	17 Depot St. (Town/City	soncerd	NH (State)	0330/ (Zin Code)		
() <u>603</u> 20 (Telepho	18-1601 () <u>603</u> 3			(p = 5515)		
III. This stateme reportable expen	nt covers: (Choose one – file separate re se transactions which are not attributa	eports for each clie ble to any one clien	nt, OR you n it).	nay file a separate report for		
All reportable transactions occurring in the months prior to the reporting date relative to the following client:						
	(Full Name of Client as it appears on the	ne Lobbyist Registratio	n Form)			
OR	(and the state of	o boody ist registrate	n (Onn)			
All reportable unrelated to any p	transactions by the lobbyist (including the articular client.	e lobbyist's family),	or the lobbyin	ng firm listed below which are		
IV. Date of Report April 26, 2017 Reports cover: activity from date of registration to 3/31/17 April 26, 2017 July 26, 2017 activity from 4/1/17 to 6/36			7			
•	October 25, 2017 X activity from 7/1/17 to 9/30/17	Januar	y 31. 2018 [7 10/1/17 to 12/3.			
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.						
VI. Check if addi	tional reports are attached:					
	ceived fees or made expenditures, you mu	ıst file Addendum	A- Fees and E	Expenses		
	id an honorarium or reimbursed expenses			•		
If you, your fi	rm, or your family has made political con	tributions, you must	file Addend i	am C- Political Contributions		
I have read RSA I	Affirmation by Lobbyist 5, RSA 15-B, RSA 14-C and RSA 664 ar o best of my knowledge and belief. yist)		ffirm that the			
(Print Name of Iol	obyist)					

P L E A S E P R I N

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Tim Bolly / M	by Demely						
II. Name of lobbyist's partnership, firm or corporation, if any:							
	110						
(Name of partnership, firm of orporation)							
III. Name of Client Knows	Date 10/25/17						
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations service						
a) Total of all fees received in this reporting period	a)\$ 10,500						
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 17,500						
c) Total of all fees received to date (Add lines a and b)	c) 8 28,000						
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 3500						
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report (Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm e aggregate total of all expenses pair expenses; (b) the aggregate total of alle; meals purchased during a business stan \$10 that is given to the person ed with a value of \$25.00 or less); anorting period of greater than \$25.00 four of greater than \$25, but not greater than \$50, expense reimbursement, or political						
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported 	a) \$						
in a), of \$25 or less.	b) \$						
c) Total of all itemized expenditures reported in detail in section VI.	c) \$						

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist) (Print Name of lobbyist)	(Date)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Client (leave b)	lank if Statement is fo	oration: <u>Dennehu</u> gor the partnership, firm, or	corporation and not related to any
particular client):	Kno	nos	
Date of Report (check o	ne):		
April 26, 2017 □	July 26, 2017 🗆	October 25, 2017	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of m		ief.	at and each Addendum is true and $0/25/7$ (Date)
M'ly Der (Print Name of lobbyist)	nely		